

Little Big Horn College

1 Forestry Lane - P.O Box 370 - Crow Agency, MT 59022
406-638-3101 – www.lbhc.cc.mt – Fax 406-638-3169



Admissions Application: any items left blank will delay processing of your application

Applicant Information

Full Name: _____
Last First M.I. Maiden Name

Address: _____
Street City State Zip

Social Security Number: _____ Age: _____ Birth Date: _____

Phone: _____ Cell Phone Number: _____

Gender Male Female Email Address: _____

Emergency Contact Information: _____ Phone Number: _____

Are you a citizen of the United States? YES NO If no, are you authorized to be in the U.S.? YES NO

EDUCATION INFORMATION

Are you a new student (never attended college)? YES NO

Have you ever attended LBHC? YES NO If yes, list semester(s) & year? _____

What degree do you plan to earn?

AA AS If earning an A.A or A.S Degree – please indicate major? _____

Certificate If earning a certificate, list program name? _____

Transfer Please indicate major? _____ School transferring from: _____

Continuing Education

Full Time Student? Part Time Student? Fall Spring Summer

Do you have a? High school diploma Year _____ GED Year _____

If you have received your GED, we will need a copy of your test scores and/or certificate before you register for classes.

Name of high school or GED center? _____ State _____

List ALL college/universities/vo-techs previously attended.

College _____ College _____

College _____ College _____

Transfer students, please complete a REQUEST FOR COLLEGE TRANSCRIPT and return it to the Admissions/Registrar office.

ETHNICITY

American Indian or Alaskan Native White (Non-Hispanic) Hispanic African American

Tribal Affiliation _____ If Crow, indicate district _____

If Crow, indicate clan _____ Child of _____

Primary Language? English Crow Other _____

Bilingual? Yes No If yes, indicate languages _____

OTHER INFORMATION

Are you presently employed? Yes – Full Time Yes – Part Time Not Employed

Married Single Divorced Widowed

Single Parent? Yes No Number of Dependents (Children)? _____

Did your parents claim you in their most recent tax returns? Yes No

Please indicate you &/or your parents approximate level of annual income:

- Under \$15,000.00 \$25,000.00-\$30,000.00 \$50,000.00-\$55,000.00
 \$15,000.00-\$20,000.00 \$30,000.00-\$45,000.00 Over \$55,000.00
 \$20,000.00-\$25,000.00 \$45,000.00-\$50,000.00

MILITARY SERVICE

Were you in the armed services? YES NO Active duty from _____ to _____
City/State entered service _____

SIGNATURE

Little Big Horn College does not discriminate in admissions, or provisions of service, nor employment policies on the basis of gender, national origin, marital status, creed, religion, color, age, or physical/mental disability.

We recommend that you complete an application for Financial Aid, though you may not be eligible for it or accept it. This information may determine if you are eligible for scholarships &/or other monies that may be available with in our institution.

If you have any type of disability that needs to be brought to our attention, please submit a CONFIDENTIAL request for services to the Dean of Students office.

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation, I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admissions is approved, I agreed to abide by the present and future rules, regulations and standards of Little Big Horn College – both Academic & non-Academic, including but not limited to those rules, regulations & standards stated in the catalog. I further acknowledge that if I fail to adhere to these regulations & to meet that is required, my registration may be canceled.

Signature: _____ Date: _____